

2005 KENTUCKY LABOR-MANAGEMENT CONFERENCE SPONSOR FORM

CONTACT PERSON: _____ TITLE: _____

ORGANIZATION: _____

(Please list your organization as you want it to appear in the program and on your banner.)

TELEPHONE: _____

ADDRESS: _____

(Street and/or P.O. Box)

(City) (State) (Zip)

* * *

1. My organization would like to be a sponsor for the 2005 Labor-Management Conference. Enclosed please find my check in the amount of \$ _____.
2. I would like one of the members of the 2005 Kentucky Labor-Management Conference Board of Directors to contact me to further discuss the Conference.

YES _____ NO _____

* * *

Please make sponsor checks payable to the Kentucky Labor-Management Conference Inc. and mail, along with this form, to: **Kentucky Labor-Management Conference, c/o Noveon, Inc., Attn: Tom Hedden, Treasurer, P. O. Box 32950, Louisville, KY 40232.**

(Thursday, August 18, 2005, is the deadline for recognition in the Conference program and for sponsor accommodations.)

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Does your organization wish to vie for sponsor accommodations? YES _____ NO _____

If **YES**, please fill out the enclosed form and return it to **Jodie Craig, Kentucky Labor-Management Conference, Inc., P.O. Box 4248, Frankfort, Kentucky 40604**. This form will also be included with the registration packet. **This does not substitute for the registration form. Each participant must fill out a registration form and pay the registration fee.**